## ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved OMB No. 0704-0187 Expires Jun 30, 1997 PAGE 1 OF

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department

| of Defense, W<br>Paperwork Rec  | ashington Headquarte<br>duction Project (0704-   | ers Services, I<br>-0187), Washii       | Directorate for Information<br>agton, DC 20503. | on Operations and Repo   | orts, 1215 Jefferson Davis Highway                    | , Suite 1204, A                 | Arlington                    | ı, VA 222             | 02-4302, a                  | nd to the Office of      | f Management and Budget,       |
|---|--|---|---|--------------------------|---|---------------------------------|------------------------------|-----------------------|-----------------------------|--------------------------|--------------------------------|
|   |  |   |   | _                        | UR FORM TO EITHER<br>THE PROCUREMENT O                |                                 |                              |                       |                             | EM 6                     |                                |
| 1. CONTRACT/PURCH ORDER NO. 2. DELIVERY ORDER NO.   |  |   |   |                          | 3. DATE OF ORDER                                      | 4. REQUI                        |                              |                       | 5. PRIORITY                 |                          |                                |
| DAAH23-02-G-0008  |  |   | Y862  |                          | (YYMMMDD)<br>2004 SEP 1                               | 7                               | 0010689912                   |                       |                             |                          | DOA1                           |
| 6. ISSUED BY  |  |   | CODE  | SP0400                   | 7. ADMINISTERED BY (If other                          | than 6)                         | COD                          | E                     | S441                        | 8A                       |                                |
| Defense   | Supply Center R  | ichmond                                 |   |                          | DCMA BELL HELIO                                       | COPTER TE                       | EXTRO                        | ON                    |                             |                          | 8. DELIVERY FOB                |
| ATTN: 8000 Jef  | DSCR Procuremonts  Output  Description  Desc | ent<br>hway                             |   |                          | PO BOX 1605   |                                 |                              |                       |                             |                          | DEST                           |
|   | nd,Virginia 23297  |   | 4)279-4480 / FAX+ (                             | 804)279-4657             | FORT WORTH TX 76101-1605                              |                                 |                              |                       |                             | X OTHER                  |                                |
| Local Administrator: PARREG2 (804)279-4480 / FAX: (804)279-4657<br>E-mail: edna.croll@dla.mil |  |   |   |                          | CRITICALITY: B  |                                 |                              |                       |                             |                          | (See Schedule if other)        |
| 9. CONTRACTOR   | l .  |   | CODE  | 97499                    | FACILITY CODE   |                                 |                              |                       | О ГОВ РО                    | INT BY(Date)             | 11. MARK IF BUSINESS           |
| ĺ   | <u> </u>   |   |   |                          |   |                                 | (YYMMMDD) <b>2005 SEP 17</b> |                       |                             |                          | SMALL                          |
| · · · · · · · · · · · · · · · · · · ·   |  |   | PTER TEXTRON,                                   | Į.                       |   | 12. DI                          | 12. DISCOUNT TERMS           |                       |                             | SMALL DISAD-<br>VANTAGED |                                |
| NAME AND<br>ADDRESS   |  | E. HURST !<br>RST TX 760                |   |                          |   |                                 |                              | NET 30 d              | ays                         | WOMEN-OWNED              |                                |
|   |  |   | was sent EDI. Do no                             | ent.                     |   | 13. MAIL INVOICES TO  See Block |                              |                       |                             |                          |                                |
|   |  |   |   |                          | 15  |                                 |                              |                       |                             |                          |                                |
| 14. SHIP TO   |  |   | CODE  |                          | 15. PAYMENT WILL BE MADE                              | BY                              | CODE                         | 3                     | SL47                        | 701                      |                                |
| See Se  | chedule - Do Not S   | DFAS BVDP (SL4701)                      |   |                          |   |                                 |                              | MARK ALL PACKAGES AND |                             |                          |                                |
| P.O. BOX 369031<br>COLUMBUS OH 43236-9031   |  |   |   |                          |   |                                 |                              |                       | PAPERS WITH                 |                          |                                |
|   |  |   |   |                          |   |                                 |                              |                       | CONTRACT OR<br>ORDER NUMBER |                          |                                |
|   |  |   |   |                          |   |                                 |                              |                       |                             |                          | ORDER NUMBER                   |
| 16. DELIVER   | Y X This delive  | ery order is issi                       | ued on another Governme                         | ent agency or in accorda | ance with and subject to terms and co                 | onditions of ab                 | ove num                      | bered con             | tract.                      |                          |                                |
| OF DIRCHAS  | Reference  | your <b>off</b>                         | er dated 2004 SEF                               | 09, BHTI MILI            | TARY SPARES CATAL                                     | OG                              |                              |                       | and                         | furnish the follow       | ing on terms specified herein. |
| OF PURCHAS  | ACCEPT   |   |   |                          | FER REPRESENTED BY THE NU<br>SET FORTH, AND AGREES TO |                                 |                              |                       | R AS IT MA                  | AY PREVIOUSLY            | HAVE BEEN OR IS NOW            |
|   |  | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |                          | ,               |                                 |                              |                       |                             |                          |                                |
| NAM   | E OF CONTRACTO   | R                                       | - SI  | GNATURE                  |   | TYPED NAM                       | IE AND                       | TITLE                 |                             |                          | DATE SIGNED                    |
| If this box   | is marked, supplier n  | nust sign Acce                          | ptance and return the foll                      |                          | s:  |                                 |                              |                       |                             |                          | (YYMMMDD)                      |
| Other: BX:9  18.  ITEM NO.  | 97X 4930 5CBX 001 2630 S33189  19. SCHEDULE OF SUPPLIES/SERVICE  |   |   |                          |   | 20. QUANTORDER                  | ED/                          | 21.<br>UNIT           | 22.<br>UN                   | IT PRICE                 | 23. AMOUNT                     |
|   |  |   |   |                          |   |                                 |                              |                       |                             |                          |                                |
|   |  |   |   |                          | TOT   | _                               |                              |                       |                             |                          |                                |
|   |  |   |   |                          |   | 2                               |                              |                       |                             |                          |                                |
|   |  |   |   |                          |   |                                 |                              |                       | 1                           |                          |                                |
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|   |  |   |   |                          |   |                                 |                              |                       |                             |                          |                                |
|   |  |   |   |                          |   |                                 |                              |                       |                             |                          |                                |
|   |  |   |   |                          |   |                                 |                              |                       |                             |                          |                                |
|   |  |   | 24.1  | JNITED STATES OF A       | AMERICA Patricia McMahon                              |                                 | D                            | AROFC2                |                             |                          | \$ 521.34                      |
|   | cepted by the Governi<br>ed, indicate by X. If a   |   | s   | INITED STATES OF F       | AMERICA Fatricia McManon                              |                                 | r                            | AKOF C2               |                             | 25. TOTAL                | \$ 521.54                      |
| actual quantit  | y accepted below qua   |   |   | $\mathscr{N} +$          | 1   |                                 | PD A C                       | TINC/OD               | DERING                      | 29.                      |                                |
| encircle.   | J COLUMN 20 HAD  | DEEN                                    |   | "Mullion                 | 1-171 Makon   |                                 |                              |                       | DERING<br>OFFICER           | DIFFERENCE               |                                |
|   | N COLUMN 20 HAS  |   |   | CONFORMS TO THE          |   | l<br>I                          | CHER                         | NO.                   |                             | 30.                      |                                |
| INSPECT   | ED REC   | EIVED                                   |   | 22 7::                   |   |                                 |                              | INITIALS              | EDIETED CODDECT FOR         |                          |                                |
|   |  |   |   |                          | PARTIAL   | 32. PAID BY                     |                              |                       |                             | 55. AMOUNT               | VERIFIED CORRECT FOR           |
|   |  |   |   |                          | FINAL   |                                 |                              |                       |                             | A4 07772077              | a april                        |
| DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |  |   |   |                          | VE 31. PAYMENT  | 34. CHECK NU                    |                              |                       |                             | MBEK                     |                                |
| 56. I certify this acc  | count is correct and pr  | roper for paym                          | ent.  |                          | COMPLETE  |                                 |                              |                       |                             | 25 DV                    | PRICE                          |
|   |  |   |   |                          | PARTIAL   |                                 |                              |                       |                             | 35. BILL OF LA           | ADING NO.                      |
| DATE  | SI   | GNATURE A                               | ND TITLE OF CERTIF                              | YING OFFICER             | FINAL   | 1                               |                              |                       |                             |                          |                                |

37.RECEIVED AT 38. RECEIVED BY (Print)

40.TOTAL CONTAINERS 41. S/R ACCOUNT NUMBER

39. DATE RECEIVED (YYMMMDD)

42. S/R VOUCHER NO.

CONTINUATION SHEET

Order Number:

DAAH23-02-G-0008-Y862

PAGE OF PAGES
2 4

THIS ORDER IS IAW DAAH23-02-G-0008-Y862 . ALL TERMS AND CONDITIONS OF THIS

FOB ORIGIN

TRANSPORTATION CHARGES REIMBURSABLE

PLACE OF INSPECTION SAME AS BLOCK 9 PAGE 1

INSPECTION OFFICE:

BELL HELICOPTER

DCMC

P.O. BOX 1603

FORT WORTH, TX 76101

Order Number:

DAAH23-02-G-0008-Y862

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SECTION B

PR 0010689912

NSN 1560-00-432-2596

ITEM DESCRIPTION:

SKIN, AIRCRAFT BELL HELICOPTER TEXTRON INC., CAGE 97499 P/N 205-031-800-35 IDENTIFY TO:

MARK IAW MIL-STD-130K, DATED 15 JAN 00. CONFIGURATION CONTROL APPLIES SEE CLAUSE 52.246-9G36 (SECTION I). TECHNICAL DATA PACKAGE AVAILABILITY:

DSCR DOES NOT CURRENTLY HAVE AN APPROVED TECHNICAL DATA PACKAGE AVAILABLE FOR THIS NSN. PLEASE DO NOT SUBMIT REQUEST TO DSCR-VABA. BELL HELICOPTER TEXTRON, INC. (97499) P/N 205-031-800-35

I/A/W QAP QAP-003 REFNO AMEND NR 00 DTD 97 JUL 01 TYPE NUMBER:

ITEM QUANTITY UNIT UNIT PRICE AMOUNT PRPRLI

0010689912 0001 0001 2 EA <u>\$260.67000</u> \$521.34

> MINUS 0% QTY VARIANCE: PLUS 0%

INSPECTION POINT: ORIGIN ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999

QUP = 001: PRES MTHD = 10: CLNG/DRY = 1: PRESV MAT = 00:

WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:

UNIT CONT = D3: OPI = O:

PACK CODE = U:

MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.

SPECIAL MARKING CODE: 00 - No special marking

PALLETIZATION SHALL BE IN ACCORDANCE WITH MD00100452 REV A

DATED 4090

CONTINUED ON NEXT PAGE

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PAGE

OF PAGES

## SECTION B

For all shipments of packaged materiel to the government, which includes either depot (DLAdirect) or DVD (customer-direct) shipments, both DoD linear and 2-D bar code markings are required on military shipping labels in accordance with MIL-STD-129, revision P, dated December 15, 2002. 2-D bar coding shall be in accordance with ISO/IEC 15438, ISO/IEC 15434 (ANSI MH10.8.3) and DoD 4500.9-R. MSL linear (code 3 of 9 or code 39) bar coding shall be in accordance with ISO/IEC 16388. MSL label stock quality shall meet MIL-PRF-61002. MSL bar code print quality shall meet ANSI MH10.8-2000 or ANSI X3.182-1990 (R2000) for applicable 2-D and/or linear bar codes. All DVD shipments shall meet additional linear bar coding requirements in DLAD 52.211-9008. When the contract/order omits any data element required to be bar-coded, the field shall be zero-filled. These requirements do not apply to delivery orders when the basic contract has not been modified to require MIL-STD-129P. If there are inconsistencies between the schedule and MIL-STD-129P, the schedule takes precedence.

DELIVER FOB: ORIGIN BY: 2005 SEP 17

PARCEL POST/FREIGHT ADDRESS:

W25G1U XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001 US

NON-MILSTRIP PROJ

REMIT PAYMENT TO: